

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N95000004063

**Entity Name:** COLEMAN FEDERAL CORRECTIONAL COMPLEX EMPLOYEES' CLUB, INC.**FILED**  
**Jan 18, 2024**  
**Secretary of State**  
**4246907341CC****Current Principal Place of Business:**COLEMAN FEDERAL CORRECTIONAL COMPLEX  
846 NE 54TH TERRACE  
COLEMAN, FL 33521**Current Mailing Address:**COLEMAN FED CORREC COMPLEX EMPLOYEES' CLUB  
P.O. BOX 1029  
COLEMAN, FL 33521**FEI Number: 59-3337356****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**GANNON, ANTHONY  
846 NE 54TH TERRACE  
COLEMAN, FL 33521 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE: ANTHONY GANNON****01/18/2024**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	PRESIDENT
Name	GANNON, ANTHONY
Address	COLEMAN FEDERAL CORRECTIONAL COMPLEX 846 NE 54TH TERRACE
City-State-Zip:	COLEMAN FL 33521

Title	TREASURER
Name	DEGATINA, KASIE
Address	COLEMAN FEDERAL CORRECTIONAL COMPLEX 846 NE 54TH TERRACE
City-State-Zip:	COLEMAN FL 33521

Title	EXECUTIVE VICE PRESIDENT, COMPLEX
Name	ANDREI, DAVID
Address	COLEMAN FEDERAL CORRECTIONAL COMPLEX 846 NE 54TH TERRACE
City-State-Zip:	COLEMAN FL 33521

Title	VICE PRESIDENT CLP
Name	PARKS, STEPHEN
Address	COLEMAN FEDERAL CORRECTIONAL COMPLEX 846 NE 54TH TERRACE
City-State-Zip:	COLEMAN FL 33521

Title	VICE PRESIDENT COP
Name	GANNON, KASSIE
Address	COLEMAN FEDERAL CORRECTIONAL COMPLEX 846 NE 54TH TERRACE
City-State-Zip:	COLEMAN FL 33521

Title	VICE PRESIDENT COM
Name	JOSE, LUIS
Address	COLEMAN FEDERAL CORRECTIONAL COMPLEX 846 NE 54TH TERRACE
City-State-Zip:	COLEMAN FL 33521

Title	VICE PRESIDENT COL
Name	PITTMAN, COURTNEY
Address	COLEMAN FEDERAL CORRECTIONAL COMPLEX 846 NE 54TH TERRACE
City-State-Zip:	COLEMAN FL 33521

Title	SECRETARY
Name	LAWRENCE, ASHLEY
Address	COLEMAN FEDERAL CORRECTIONAL COMPLEX 846 NE 54TH TERRACE
City-State-Zip:	COLEMAN FL 33521

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: ANTHONY GANNON****PRESIDENT****01/18/2024**

